

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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INDICATION FORM**

| | |
|------------------------|-----------------------------|
| Application Number | 10/663,588 |
| Filing Date | 09/17/03 |
| First Named Inventor | Bryan A. Zachary |
| Title | Variable Function Voting... |
| Art Unit | 2856 |
| Examiner Name | |
| Attorney Docket Number | S71775USD1 |

I hereby appoint:

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Practitioners associated with the Customer Number:

OR

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Practitioner(s) named below:

| Name | Registration Number |
|--------------------------|---------------------|
| Raymond R. Ferrera, Esq. | 47,559 |
| Gordon T. Arnold, Esq. | 32,395 |
| W. Thomas Morrow, Esq. | 45,953 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| <input checked="" type="checkbox"/> | Firm or Individual Name | Raymond R. Ferrera, Esq. | | | | |
| | Address | Arnold & Ferrera, L.L.P. | | | | |
| | Address | 2401 Fountain View Dr., Suite 630 | | | | |
| | City | Houston | State | Texas | Zip | 77057 |
| | Country | USA | | | | |
| | Telephone | (713) 972-1150 | Fax | (713) 972-1180 | | |

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | | | |
|-----------|------------------|-----------|--------------|--|--|
| Name | Bryan A. Zachary | | | | |
| Signature | | | | | |
| Date | 12/29/03 | Telephone | 281-922-8324 | | |

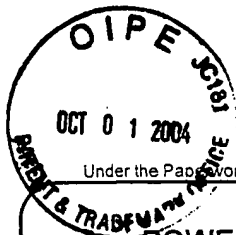
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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*Total of 2 forms are submitted.

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|---|-----------------------------------|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Raymond R. Ferrera, Esq. | | | | |
| Address | Arnold & Ferrera, L.L.P. | | | | |
| Address | 2401 Fountain View Dr., Suite 630 | | | | |
| City | Houston | State | Texas | Zip | 77057 |
| Country | USA | | | | |
| Telephone | (713) 972-1150 | Fax | (713) 972-1180 | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|--------------------------|-----------|--------------|
| Name | Dr. Angela Summers | | |
| Signature | <i>Angela E. Summers</i> | | |
| Date | 12/22/03 | Telephone | 281 922 8324 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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